PRINTED: 05/09/2019 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER 1000 LITTON LANE BLACKSBURG, VA 24060			495406	B. WING	B. WING		02/	02/07/2019	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced Emergency Preparedness survey was conducted 2/5/19 through 02/7/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. F 000 An unannounced Medicare/Medicaid standard survey was conducted 2/5/19 through 2/7/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 60 certified bed facility was 50 at the time of the survey. The survey sample consisted of 13 current Resident reviews and 3 closed record reviews. F 636 Comprehensive Assessment & Time of the survey. The survey sample consisted of 13 current Resident reviews and 3 closed record reviews. F 636 Comprehensive Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. § 483.20(b) Comprehensive Assessment Instrument. A facility must must make a comprehensive assessment for resident's needs, strengths,			ONTJE HEALTH CARE CENTER	•	1000 LITTON LANE	ZIP CODE	•		
An unannounced Emergency Preparedness survey was conducted 2/5/19 through 02/7/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. F 000 An unannounced Medicare/Medicaid standard survey was conducted 2/5/19 through 2/7/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 60 certified bed facility was 50 at the time of the survey. The survey sample consisted of 13 current Resident reviews and 3 closed record reviews. F 636 Comprehensive Assessments & Timing F 636 SS=D CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessment Resident Re	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD B TO THE APPROPRIA		(X5) COMPLETION DATE	
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	F 636	survey was conducted. The facility was in survey and care Facilities. INITIAL COMMENTS. An unannounced Mesurvey was conducted. Corrections are required. CFR Part 483 Federa requirements. The Laurvey/report will follow. The census in this 60 at the time of the survey. Comprehensive Assectives. CFR(s): 483.20(b)(1) §483.20 Resident As The facility must conducted a comprehensive, ac reproducible assessment functional capacity. §483.20(b) Comprehes §483.20(b)(1) Resident As The facility must conducted a comprehensive ac reproducible assessment functional capacity.	d 2/5/19 through 02/7/19. bstantial compliance with 42 equirement for Long-Term dedicare/Medicaid standard ed 2/5/19 through 2/7/19. ired for compliance with 42 al Long Term Care ife Safety Code ow. certified bed facility was 50 ovey. The survey sample nt Resident reviews and 3 s. essments & Timing (2)(i)(iii) sessment duct initially and periodically curate, standardized ment of each resident's ensive Assessments ent Assessment Instrument.					3/15/19	
resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine.		assessment of a resignation and resident assessment by CMS. The assess the following: (i) Identification and control (ii) Customary routine	dent's needs, strengths, I preferences, using the instrument (RAI) specified sment must include at least demographic information					(X6) DATE	

Electronically Signed 03/14/2019 Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	` ′	LE CONSTRUCTION		TE SURVEY MPLETED
		495406	B. WING	 	0	2/07/2019
	ROVIDER OR SUPPLIER E AND MARIETJE KROU	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060	·	
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F 636	(ix) Continence. (x) Disease diagnosi (xi) Dental and nutriti (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatmer (xvi) Discharge plant (xvii) Documentation regarding the additio on the care areas trighthe Minimum Data S (xviii) Documentation assessment. The assinclude direct observ with the resident, as licensed and nonlice members on all shifts §483.20(b)(2) When timeframes prescribed chapter, a facility mu assessment of a resitimeframes specified through (iii) of this seprescribed in §413.3 apply to CAHs. (i) Within 14 calenda excluding readmission significant change in mental condition. (Fo	ior patterns. ell-being. ning and structural problems. s and health conditions. onal status. Ints and procedures. ning. of summary information nal assessment performed aggered by the completion of et (MDS). In of participation in sessment process must ation and communication well as communication with nsed direct care staff	F 63			

	A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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2 months. net as evidenced clinical review, the rehensive nts (Resident #35). the facility on ding hypertension, r. On the ssessment the rief interview for ed as without sis, or behavior t quarterly with assessment dent scored 15/15 al status and was s of delirium, ng care. The sident mood the resident care was not ich was bad. n ordered on nd discontinued as eks. 9 revealed the /18. Medication hree times per day g twice per day	F 63	1. The care plan for resident updated on 2/13/19 to reflect refocused signs and symptoms or behavior. 2. All resident care plans will current and past symptoms and behaviors in order for staff menidentify resident centered approalleviate symptoms. 3. Monthly audits consisting average daily resident census worded to the QAA Department of the QAA De	esident of psychotic reflect d/or nbers to baches to of 10% will be nent of nce. The entify to care. of at Quality estings. of for six excessity of ons tracking for all c plement nsive oversight ing April		
TO FE TO STATE OF STA	ALTH CARE CENTER OF DEFICIENCIES PRECEDED BY FULL FYING INFORMATION) e for hospitalization 2 months. net as evidenced clinical review, the rehensive nts (Resident #35). the facility on ding hypertension, or. On the assessment the orief interview for red as without sis, or behavior at quarterly the with assessment ident scored 15/15 all status and was so of delirium, ing care. The sident mood the resident acare was not nich was bad. an ordered on ordered	ALTH CARE CENTER OF DEFICIENCIES PRECEDED BY FULL FYING INFORMATION) F 63 T 65 T 76 T	ALTH CARE CENTER BLACKSBURG, VA 24060 PREFICIENCIES PRECEDED BY PULL FYING INFORMATION) FOR for hospitalization 2 months. net as evidenced clinical review, the rehensive nts (Resident #35). the facility on ding hypertension, r. On the sassessment the orief interview for eld as without sis, or behavior t quarterly t with assessment dent scored 15/15 al al status and was so of delirium, ing care. The sident mood The resident as evidered on and discontinued as eks. 9 revealed the 7/18. Medication three times per day g twice per day inneeded. The	ALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060 PREFIX TAG	

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F 636	symptom instabilit locate documenta by the seroquel. T symptom tracking referencing sympt signs of psychosis unable to describe resident was takin. The surveyor spot (DON) about the i locate 2 Behavior blank except for d lorazepam as mereceiving. No targ. The second sheet 14-yelling and 16-the resident c/o at a 1-on-1 visit, rest interventions were was able to report antipsychotic medication or symbol delusion. The cardocumented "I also for which I also ta The surveyor has expression of symwas taking an ant the physician's stapsychiatric instability."	edications due to history of cy. The surveyor was unable to tion of symptoms being treated there were no behavior or orders or nurse's notes coms that might be considered at the symptoms for which the agantipsychotic medications. We with the director of nursing ssue. The DON was able to Monitoring Sheets. One was ocumenting trazodone and dications the resident was geted symptoms were indicated. Indicated monitoring for cylonomic order. The form indicated effective. No staff member at the symptoms for which the dication seroquel was ordered. In the symptoms for which the dication seroquel was ordered. In the symptoms for which the did not document psychosis, or use of antipsychotic eplan initiated 10/19/17 to have a history of psychosis we medication. The medication other than attement "increased risk of	F 6	36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
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F 636	Continued From pag	e 4	F	636			
	care plan that docum	antianxiety medication and					
F 656 SS=E	Develop/Implement (CFR(s): 483.21(b)(1)	Comprehensive Care Plan	F	656			3/15/19
	implement a comprecare plan for each reresident rights set for §483.10(c)(3), that in objectives and timefr medical, nursing, and needs that are identifiassessment. The cordescribe the following (i) The services that or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the runder §483.10, inclustreatment under §483 (iii) Any specialized sere in a result of recommendations. If findings of the PASA rationale in the reside (iv)In consultation wire resident's representations.	cility must develop and hensive person-centered sident, consistent with the rth at §483.10(c)(2) and reludes measurable ames to meet a resident's dimental and psychosocial fied in the comprehensive mprehensive care plan must grane to be furnished to attain ent's highest practicable dipsychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ding the right to refuse 3.10(c)(6). Services or specialized as the nursing facility will final part of the person of the part of the p					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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F 656	future discharge. Fac whether the resident community was assel local contact agencie entities, for this purpo (C) Discharge plans plan, as appropriate, requirements set fort section. This REQUIREMENT by: Based on staff interview, the facility staimplement a patient care plan for 7 of 16 sample (Residents #44). The findings included 1. For Resident #35 a comprehensive care symptoms for which antianxiety, antidepremedications. Resident #35 was ac 10/17/16 with diagnodementia, and anxiety admission minimum resident scored 15/15 mental status and was symptoms of delirium symptoms. On the minimum data set as reference date 1/8/15 on the brief interview.	eference and potential for bilities must document is desire to return to the seed and any referrals to is and/or other appropriate ose. In the comprehensive care in accordance with the in paragraph (c) of this is not met as evidenced of failed to develop and or centered comprehensive residents in the survey 35, 31, 49, 15, 12, 20, and it: If acility staff failed to develop the plan that addressed the the resident was treated with essant, and antipsychotic distinctions in the survey of the plan that addressed the the resident was treated with essant, and antipsychotic distinctions including hypertension, by disorder. On the data set assessment the conthe brief interview for as assessed as without the psychosis, or behavior	F 656	1. Staff members, resident and farm members were interviewed to identify resident #35 psychosis, depression a anxiety manifest itself. This informati was utilized to develop an individualize care plan. 2. Documentation from nursing note Target Behavioral Symptoms tracking forms and staff interviews will be evaluated to gather information about each individual resident spychosis, depression, anxiety, and other behavior diagnosis how it manifest itself as a reference for development and implementation of comprehensive individualized care plas. Monthly audits consisting of 10% average daily resident census will be conducted by the QAA Department or resident care plans for compliance to ensure care plans identify resident centered approaches. Audits will be reviewed monthly at Quality Assessm and Assurance meetings. Monthly at will be conducted for necessity of continuate. Care Plan/MDS staff to impleme	how ind on zed es, sand or ans. of finent udits

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F 656	resident scored 6/2 interview. During an interview reported the only or getting enough of the Clinical record reviresident was readrorders included But for anxiety and ser since admission are physician declined due to history of sy surveyor was unable symptoms being the were no behavior on urse's notes refer be considered sign nurse was unable to which the resident medications. The sident director of nursing DON was able to lost Sheets. One was the trazodone and loral resident was received were indicated. The monitoring for 14-y form indicated the 11/15/18 and received and ativan and that effective. No staff resymptoms for which seroquel was order.	viors affecting care. The 27 on the resident mood v on 2/5/19, the resident oncern with care was not he food, which was bad. ew on 2/7/19 revealed the nitted 10/17/18. Medication spar 5 mg three times per day oquel 25 mg twice per day not ativan as needed. The GDRs on both medications reptom instability. The ble to locate documentation of eated by the seroquel. There or symptom tracking orders or encing symptoms that might is of psychosis. The resident's to describe the symptoms for was taking antipsychotic surveyor spoke with the (DON) about the issue. The locate 2 Behavior Monitoring plank except for documenting repam as medications the ving. No targeted symptoms he second sheet indicated relling and 16-c/o anxiety. The resident c/o anxiety on ved a 1-on-1 visit, rest in bed, the interventions were member was able to report the hother antipsychotic medication	F 6	Development/Implementati Comprehensive Care Plans by the QAA department be 2019 for a period of six mo re-evaluate.	s with oversight ginning April	

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F 656	medication or sympledelusion. The care documented "I also for which I also take The surveyor has be expression of symplemas taking an antips the physician's state psychiatric instability symptoms or symptethe care plan. The administrator an notified of the conceplan did not address antipsychotic medic 2. The facility staff implement a patient care plan for Reside targeted behaviors. The resident was re 2/29/12 with the folk limited to anemia, hi Parkinson's disease disorder. On the sig (Minimum Data Set) Reference Date) of coded as having a Emental Status) score Resident #31 was a extensive assistance dressing and persor dependent on 1 staff.	or use of antipsychotic toms of psychosis or plan initiated 10/19/17 have a history of psychosis medication". een unable to locate any toms for which the resident sychotic medication other than ement "increased risk of y". There were no target om abatement strategies in and director of nursing were ern that the resident's care is the use of psychotropic and	F 65	6		

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F 656	mouth two times a d " Zoloft 75 mg by depression. The surveyor review plan for Resident #5 plan contained the fill " "Give me my " Monitor me for medication. " Monitor me for behavior. " Notify my docto is not working" The surveyor reque the "Behavior/Interv These sheets were 2/6/19. Paranoia an for behavioral symp sheets were blank a the targeted behavi the above documer surveyor also review there was no target documented. The surveyor notifie 2/6/19 at 4:05 pm o findings. The surve the facility's policy of policy titled "Behavi Interventions" read problematic behavior assessed and moni Causative factors in identified. Manager	25 mg (milligram) 1 tablet by	F 656			

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F 656	No further informati surveyor prior to the 3. The facility staff centered comprehe #49, which included Resident #49 was a 12/31/18 with the folimited to atrial fibril stroke, dementia ar MDS (Minimum Dat (Assessment Refer the resident as havi Mental Status) scor of 15. Resident #49 extensive assistant dressing and limited member for personalso coded as being member for bathing On 2/5/19 at 2:20 p following physician's Xanax 0.5 mg of two times a day for "Seroquel 25 mg." The surveyor review Resident #49 on 2/5 The surveyor also resident #49 on 2/5 The survey	on was provided to the exit conference on 2/7/19. failed to develop a patient insive care plan for Resident I targeted behaviors. Indmitted to the facility on ollowing diagnoses of, but not lation, high blood pressure, and anxiety. On the admission, tax Set) with an ARD ence Date) of 1/7/19 coded and a BIMS (Brief Interview for exit of 5 out of a possible score of was also coded as requiring the of 1 staff member for the assistance from 1 staff all hygiene. The resident was go totally dependent on 1 staff to the sorder that included: (milligram) 1 tablet by mouth anxiety go po (by mouth) at bedtime.	F 65	·		
	interventions: ""Give me my	yor noted the following medication as ordered. side effects from my				

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F 656	behavior" The surveyor notifice 2/6/19 at 4:05 pm of findings. The surve the facility's policy of policy titled "Behavior Interventions" read problematic behavior assessed and monic Causative factors in identified. Manager behavioral interventimplemented and resulting the problematic behavioral interventimplemented and resulting to the 4. The facility staff centered comprehe behaviors, goals and medication for deprappetite identified for the clinical record of 2/5/19 through 2/7/1/1 admitted to the facilincluded but not liming generalized muscle reflux disease with deficient anemia, his surgery, chronic dequadrant pain. Resident #15's qual (MDS) assessment reference date (ARI	changes in mood and/or ed the administrative team on if the above documented eyor requested and received on behavioral monitoring. The fors Identification and in part"Residents with oral symptoms will be promptly tored by professional staff. influencing behavioral will be ment and appropriate tions will be care planned, e-evaluated as changes occur on was provided to the e exit conference on 2/7/19. failed to implement a person insive care plan with targeted ind outcomes for psychotropic ession and decreased	F	956			

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F 656	Continued From page	ge 11	F 6	556		
		nere were no assessed signs is, or behaviors that affected				
	were reviewed. Res received Remeron 7 time a day at bedtim appetite/weight loss Citalopram 20 mg ta for depression (start	(start date 4/14/18) and ablet by mouth one time a day date 4/14/18).				
	"Concern and Strenhave a history of dethis." My preference med (medication) as s/e (side effects) frome for changes in method for changes in method from the forward to visits from the forward to make set any worse. 2. Act	red the current a plan on 2/6/19. One gth dated 9/10/18" read, "I pression. I take medicine for e for care read "1. Give my sordered. 2. Monitor me for m my medicine. 3. Monitor mood and or behavior. 4. I look in my daughter." A second gth dated 9/5/2018" read "1. sure my depression does not diminister my medications as like my family to visit as much				
	care plan did not ide	centered care comprehensive entify targeted behaviors, for Citalopram (Celexa) or				
	(MDS) assessment	ewed both minimum data set registered nurses on 2/7/19 reviewed the current care surveyor asked what				

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F 656	targeting, the MDS targeted behaviors The surveyor review monitoring tool for F crying out and c/o (opram and Remeron were staff agreed there were no	F 65	6			
	the absence to devicare-plan with targed desired outcomes for Remeron to treat R	ned the administrative staff of elop a person-centered eted behaviors, goals and or the use of Citalopram and esident #15's depression and on 2/7/19 at 3:52 p.m.					
	"Behaviors Identific 2/7/19. The policy identified behaviors not limited to) nursing forms and social seclarify the underlying help develop effection. The Care Plan will in have measurable g	ved the facility policy titled ation and Interventions" on read in part: Assessment of will be documented in (but ng notes, behavior tracking rvice progress notes to help g cause of the behavior and ve management intervention. dentify behavior problems, pals, appropriate interventions with the interdisciplinary family.					
	5. The facility staff centered comprehe behaviors, goals an Resident #12 with t	failed to implement a person nsive care plan with targeted d outcomes identified for he use of psychotropic nxiety medications and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495406	B. WING _			02/07/2019		
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	OONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 656	2/5/19 through 2/7/1 admitted to the facil 1/18/18 with diagnor limited to urinary tradehydration, weakn weight loss, atrial fit depression, chronic to thrive, and osteop Resident #12's quar (MDS) with an asse of 11/9/18 assessed (brief interview for mesident had no sign psychosis or behavior Resident #12's February February Resident #12's February February February Resident #12 received Lorazepam since Note Resident #12 received Lorazepam since Note Resident #12's curred ated 8/14/18 had the and my strengths for anxiety and deprestis. My preference	of Resident #12 was reviewed 19. Resident #12 was ity 10/1/16 and readmitted ses that included but not ct infection, diabetes, ess, constipation, abnormal orillation, rheumatoid arthritis, pain syndrome, adult failure porosis. Iterly minimum data set essment reference date (ARD) If the resident with a BIMS mental status) as 11/15. The ns or symptoms of delirium, ors that affected others. In turny 2019 physician orders in 10 mg (milligrams) 1 tablet a day in the morning for ite 11/8/18) and Lorazepam mouth one time a day at (start date 10/8/18). Interested of the control of the cont	F 6	<u> </u>				
	for changes in mood second "I Care Plan diagnosis of depres	ny medications 3. Monitor me d and /or behaviors." A " dated 8/9/18 read "I have a sion and anxiety. trouble concentrating. 1.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 656	stable and my daily family to visit as muc socialize with others activities of my choic medications as orde The current comprel identify person center goals, and outcomes (Ativan) and Citalopa The undated behavior tools were circled for (complains of) anxiet codes. The surveyor interview (MDS) assessment in	e sure my mood remains needs are met. 2. I want my ch as possible. 3. I want to and participate in the ce. 4. Administer my red." The ensive care plan did not ered targeted behaviors, a for the use of Lorazepam ram. Tor/intervention monitoring or crying out and c/o ty as behavior symptoms The ewed both minimum data set registered nurses on 2/7/19	F 6	56			
	plan and when the s behaviors the Citalor targeting, the MDS s targeted behaviors in The surveyor inform the absence to develophaviors, goals and use of Citalopram ar #12's depression an p.m. The surveyor review "Behaviors Identificated behaviors not limited to) nursin forms and social ser	oram and Ativan were staff agreed there were no					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	OONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 656	Continued From page	ge 15	F 6	56			
	The Care Plan will in have measurable go and be coordinated team, resident and	ve management intervention. dentify behavior problems, bals, appropriate interventions with the interdisciplinary family. on was provided prior to the					
	exit conference on 2						
	centered comprehe behaviors, outcome	ailed to implement a person nsive care plan with targeted s and goals identified for ne use of psychotropic					
	2/5/19 through 2/7/2 admitted to the facil that included but no thrive, chronic depre agitation, atrial fibril neck, vascular dem	of Resident #20 was reviewed 19. Resident #20 was ity 10/15/18 with diagnoses t limited to adult failure to ession, disruptive behavior, lation, fractured right femur entia with behavioral tension, and chronic diastolic					
	minimum data set (I reference date (ARI resident with a brief (BIMS) as 9/15. Re	ificant change in assessment MDS) with an assessment D) of 12/3/18 assessed the interview for mental status sident #20 had no behavioral no signs or symptoms of sis.					
	included "Escitalopr one time a day for of 12/11/18), Mirtazapi one time a day at be	ruary physician orders 2019 ram 10 mg 1 tablet by mouth depression (start date line 7.5 mg 1 tablet by mouth edtime for poor appetite and g (milligram)/ml (milliliter)					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 1000 LITTON LANE BLACKSBURG, VA 24060	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION
F 656	Continued From pag	ge 16 ⁄ 6 hours as needed for	F 65	56	
	comprehensive care Problem areas inclu long term goal to ha approaches to use v machine at night and roommate shares th safe. Also identified state that the reside depressionm, a diag managed by daily m included watch me to does not get any wo doctor to assess my as much as possible as ordered, and pro- support as needed. Resident #20 also h psychotropic drug us show a stable mood Approaches included ordered, monitorme	ded one for mood state with we a peaceful sleep and were to turn on my white noise			
	The current comprel identify specific targemedications, long te individualized appro. The surveyor review behavior/intervention Lexapro and Remer	red the undated n monitoring sheet for Ativan,			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	OONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 656	(MDS) assessment at 11:33 a.m. Both plan and when the separation behaviors the Cital targeting, the MDS targeted behaviors in the absence to develope behaviors, goals an use of Escitalopram treat Resident #20's 2/7/19 at 3:52 p.m. The surveyor review "Behaviors Identificated behaviors Identificated behaviors not limited to) nursing forms and social seclarify the underlying help develop effection. The Care Plan will inhave measurable goand be coordinated team, resident and the No further information with the conference on 27. The facility staff for centered comprehence behaviors identified of psychotropic medical record of 2/5/19 through 2/7/2/2/15 through 2/7/2/2/2/15 through 2/7/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	registered nurses on 2/7/19 reviewed the current care surveyor asked what opram and Ativan were staff agreed there were no identified. The detailed outcomes for the operation and Ativan to operation and Ativan to operation and Ativan to operation and Ativan to operation and Interventions on operation and Interventions on operation and Intervention operation and operation and operation operation and operation and operation operation and operation and operation operation operation and operation and operation operation and operation and operation operation operation and operation and operation operation operation and operation and operation operat	F 65				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	DONTJE HEALTH CARE CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 000 LITTON LANE BLACKSBURG, VA 24060	, 420.20.0		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION		
F 656	urinary tract infection weight loss, cerebron coronary artery dise hypertension, gastron and chronic obstruction. Resident #44's annoussessment with an (ARD) of 1/24/19 as BIMS (brief intervie Resident #44 was well delirium, behaviors. Resident #44's Febrin cluded orders for tablet by mouth one date 12/3/2018, Estemouth one time and start date 1/7/2019 mg (1/2tablet) by modified for agitation date 4/13/2018. The surveyor review comprehensive care 2/6/19. The personal problem area for long term goals of resident weight and the surveyor goals of resident weight and the surveyor review comprehensive care 2/6/19. The personal problem area for long term goals of resident weight and the surveyor goals of resident weight and the surveyor review comprehensive care 2/6/19. The personal problem area for long term goals of resident weight and the surveyor goals of resident weight and the surveyor review comprehensive care 2/6/19. The personal problem area for long term goals of resident weight and the surveyor review comprehensive care 2/6/19. The personal problem area for long term goals of resident weight and the surveyor review comprehensive care 2/6/19.	ited to diabetes mellitus, in, constipation, abnormal ovascular accident (CVA), case (CAD), atrial fibrillation, o esophageal reflux disease, ctive pulmonary disease. ual minimum data set (MDS) in assessment reference date is esses of the resident with a law for mental status) as 13/15. In a symptoms of affecting others or psychosis. Truary 2019 physician orders or psychosis.	F 656	,			
	ordered, monitor m medication, and mo and/or behavior. A issue with mood lor comfortable and sa included watch me not get any worse, much as possible, e	"give me my medication as e for side effects from my initor me for changes in mood second care plan identified an eg term goal was to be tisfied and approaches to make sure my mood does have my family to visit as especially my daughter and er, and I enjoy playing Bingo					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060		2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	to remind me as need encourage me to go of the current compression of the current current compression of the current	heese social. Please continue eded about these events and hensive care plan for thave person centered measurable goals or aches to care. or/intervention monitoring wing behavioral symptoms and yelling out. ewed both minimum data set registered nurses on 2/7/19 reviewed the current care surveyor asked what alopram, Diazepam, and eting, the MDS staff agreed the dehaviors identified. ed the administrative staff of elop a care-plan with targeted desired outcomes for the plazepam, and Seroquel to on 2/7/19 at 3:52 p.m. yed the facility policy titled ation and Interventions" on ead in part: Assessment of will be documented in (but ag notes, behavior tracking	F 68	,			
	clarify the underlying help develop effectiv The Care Plan will in have measurable go	rvice progress notes to help g cause of the behavior and live management intervention. Identify behavior problems, bals, appropriate interventions with the interdisciplinary family.					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER	•	10	REET ADDRESS, CITY, STATE, ZIP CODE 100 LITTON LANE LACKSBURG, VA 24060		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From pag	e 20	F 6	656			
	exit conference on 2						
F 744 SS=D	Treatment/Service for CFR(s): 483.40(b)(3		F 7	744			3/15/19
	diagnosed with dema appropriate treatmer maintain his or her him mental, and psychos This REQUIREMEN' by: Based on resident in clinical record review a resident with dema psychotropic medical specific symptoms a efficacy, risks and has the survey sample (The findings included Resident #35 was as 10/17/16 with diagnod dementia, and anxie admission minimum resident scored 15/1 mental status and was symptoms. On the minimum data set as reference date 1/8/10 on the brief interview assessed as without psychosis, or behaviors.	and services to attain or ighest practicable physical, social well-being. T is not met as evidenced Interview, staff interview, and			1. Resident # 35 now has a target behavioral symptoms tracking form in place for monitoring of behaviors. The care plan has been updated to reflect behavior symptoms directly related to resident □s diagnosis of Dementia. Resident #35 preference is to not attengroup events and is provided one on or visits from the events department. The physician has instituted a gradual dose reduction for Trazadone and a review other medications for necessity. 2. All residents will be evaluated for treatment/services related to dementia through therapy referrals as appropriat and resident centered approaches. All residents with a diagnosis of Dementia be encouraged to participate in facility events and free from unnecessary medications to maintain his/her highest practicable physical, mental and psychosocial well-being. 3. Resident participation in facility ev will be monitored/reviewed at resident quarterly care plan meetings to ensure	nd ne e of e will t ents □s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	•		
THE WYB	E AND MARIETJE KR	OONTJE HEALTH CARE CENTER		BLACKSBURG, VA 24060			
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F 744	reported the only cogetting enough of the control o	on 2/5/19, the resident concern with care was not the food, which was bad. ew on 2/7/19 revealed the nitted 10/17/18. Medication spar 5 mg three times per day oquel 25 mg twice per day divan as needed. The GDRs on both medications mptom instability. The let to locate documentation of eated by the seroquel. There is symptom tracking orders or encing symptoms that might is of psychosis. The resident's to describe the symptoms for was taking antipsychotic surveyor spoke with the (DON) about the issue. The locate 2 Behavior Monitoring lank except for documenting zepam as medications the ring. No targeted symptoms e second sheet indicated elling and 16-c/o anxiety. The resident c/o anxiety on yield a 1-on-1 visit, rest in bed, if the interventions were member was able to report the in the antipsychotic medication	F 74	residents mental, physical a psychosocial needs are bei adjust as needed. 4. The QAA department womenthly audits beginning A consisting of 10% of the average census to identify residents to ensure compliance for a months and then re-evaluate.	ng met and vill conduct pril 2019 erage daily with dementia period of six		

PRINTED: 05/09/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KROC	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
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F 744	for which I also take in The surveyor has been expression of sympton was taking an antipsy the physician's statent psychiatric instability symptoms or sympton the care plan. The administrator and notified of the concerplant did not address psychotropic and antiportion of the care plan. The administrator and notified of the concerplant did not address psychotropic and antiportion of the resident Review CFR(s): 483.45(c)(1) and the serview of the resident's medical direction of the resident's medical direction of the resident should be a facility's medical direction of the resident should be a facility that meets the concerplant of the resident should be a facility that meets the concerplant of the resident should be a facility that meets the concerplant that meets t	ave a history of psychosis medication". en unable to locate any syms for which the resident vichotic medication other than ment "increased risk of the Transport of the Transpo	F 7				3/15/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER E AND MARIETJE KR	OONTJE HEALTH CARE CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060	,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 756	(iii) The attending president's medical irregularity has been action has been tabe no change in the physician should districted the resident's medical satisfies a drug regimen revieous limited to, time franche process and stomatical when he or she iderequires urgent act This REQUIREME by: Based on staff intereview, the facility address gradual domedications for 1 complete (Resident The findings included Resident #35 was 10/17/16 with diagon dementia, and anximal admission minimum resident scored 15 mental status and symptoms of delirit symptoms. On the	the pharmacist identified. Thysician must document in the record that the identified en reviewed and what, if any, ken to address it. If there is to be medication, the attending ocument his or her rationale in ical record. If a cility must develop and end procedures for the monthly with that include, but are not enes for the different steps in eps the pharmacist must take entifies an irregularity that ion to protect the resident. Now it is not met as evidenced erview and clinical record estaff failed to appropriately one reductions of psychotropic of 16 residents in the survey #35). The different steps in entificial record estaff failed to appropriately one reductions of psychotropic of 16 residents in the survey #35). The different steps in entificial record estaff failed to appropriately one encountry in the survey #35). The different steps in entificial record estaff failed to appropriately one encountry in the survey #35).	F 756	 After Physician review a Gradua Dose Reduction has been initiated for resident #35 current order of Trazado A target behavioral symptoms tracking form has been implemented. All residents have received a targe behavioral symptoms tracking form. In medication management review team been created to review of all resident medications monthly for effectiveness current resident dose regimen and recommendation for gradual dose reduction as warranted. This practice be conducted monthly on a continued basis. Monthly resident record audits of 	ne. g get A has s of
	admission minimur resident scored 15 mental status and symptoms of delirin symptoms. On the minimum data set reference date 1/8. on the brief intervie assessed as witho	n data set assessment the /15 on the brief interview for was assessed as without um, psychosis, or behavior		recommendation for gradual dose reduction as warranted. This practice be conducted monthly on a continued basis.	10% ent ng

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	1 ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIF 1000 LITTON LANE BLACKSBURG, VA 24060	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 756	interview. 02/07/19 02:11 PM seroquel 12.5 mg q after a psychiatric noreporting seeing bug written a postcard to the monitor in her he increase to 25 mg q. There are no nursing the items in the 2/3 mono behavior monitori incidents occurred diperiod. 02/07/19 02:41 PM nursing) about conceduct any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp note written the day ordered, with no document any symp strategies and taking were not arget symp strategies. On 2/7/18 at 3:52 pm administrative team findings. No further information	The resident started on am and 15 mg q hs on 2/3/17 ote indicated the resident was as that weren't there and had the FBI to complain about ead. A second order to AM and QPM on 3/9/17. If notes concerning either of ohysician note and there are ing sheets that indicate any uring the Jan-Feb 2-17 time. Spoke with DON (director of the ern that the record does not toms except one psychiatrist the antipsychotic was rease in the dose on 3/9/17.	F7	Reduction (GDR). 4. Director of nursing he the target behavioral symform on all residents. The department will monitor for the symbol of the symbol.	nptoms tracking ne QAA		

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F 758 F 758 SS=E	CFR(s): 483.45(c)(3) §483.45(e) Psychot §483.45(c)(3) A psy affects brain activitie processes and beha but are not limited to categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compre resident, the facility §483.45(e)(1) Resid psychotropic drugs unless the medicatio specific condition as in the clinical record §483.45(e)(2) Resid drugs receive gradu behavioral intervent contraindicated, in a drugs; §483.45(e)(3) Resid psychotropic drugs unless that medicati	sychotropic Meds/PRN Use (b)(e)(1)-(5) ropic Drugs. chotropic drug is any drug that es associated with mental avior. These drugs include, o, drugs in the following thensive assessment of a must ensure that lents who have not used are not given these drugs on is necessary to treat a se diagnosed and documented (c); lents who use psychotropic and dose reductions, and ions, unless clinically an effort to discontinue these lents do not receive pursuant to a PRN order ion is necessary to treat a	F 75		3/28/19
	in the clinical record §483.45(e)(4) PRN are limited to 14 day	condition that is documented; and orders for psychotropic drugs /s. Except as provided in attending physician or			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495406	B. WING		02/07/2019
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060		
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F 758	beyond 14 days, he rationale in the residindicate the duration \$483.45(e)(5) PRN of drugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMEN by: Based on staff inter and clinical record reto ensure that 7 of 1 unnecessary medications. The findings include 1. For Resident #35 that psychotropic and were ordered only to for which the resider antianxiety, antideprimedications. Resident #35 was an 10/17/16 with diagnord dementia, and anxied admission minimum resident scored 15/10 mental status and we symptoms of deliriur symptoms. On the niminimum data set as	ner believes that it is PRN order to be extended or she should document their lent's medical record and of or the PRN order. Orders for anti-psychotic 14 days and cannot be attending physician or her evaluates the resident for of that medication. T is not met as evidenced View, facility document review eview, the facility staff failed for residents were free from ations (Resident #35, 31, 49, d: d: d; facility staff failed to ensure d antipsychotic medications or address specific symptoms and was treated with ressant, and antipsychotic dmitted to the facility on oses including hypertension,	F 758	1. Resident #35 has been placed gradual dose reduction for Trazador a target behavioral symptoms tracki form has been initiated. The resider plan has been updated to reflect individualized needs and approache Resident #31 had a target behavioral symptoms tracking form implemented Resident #49 cannot be changed as happened in the past and resident heen discharged from the facility. Resident #15, 12, and 44 now have target behavioral symptoms tracking to document any resident behaviors the care plans have been updated to reflect individualized needs and approaches. Resident #20 had the following medications discontinued Escitalopram 10mg and Mirtazapinemg. A current target behavioral symptoms tracking from has been implemented, and resident □s care phas been updated to reflect individual needs and approaches. 2. All residents have received a target behavioral at the second process.	ne and ng nt care es. al ed. s it nas a g form and o

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BI EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	psychosis, or behavior resident scored 6/27 interview. During an interview or reported the only congetting enough of the Clinical record review resident was readmitt orders included Buspfor anxiety and seroquince admission and physician declined Glidue to history of symptoms being treatwere no behavior or surveyor was unable symptoms being treatwere no behavior or surse's notes referen be considered signs on urse was unable to which the resident was medications. The surdirector of nursing (D DON was able to local sheets. One was blattrazodone and lorazeresident was receiving were indicated. The monitoring for 14-yell form indicated the result of the strength of	symptoms of delirium, ors affecting care. The on the resident mood In 2/5/19, the resident cern with care was not food, which was bad. In on 2/7/19 revealed the ted 10/17/18. Medication ar 5 mg three times per day utilized the ted 10/17/18. Medication ar 5 mg three times per day ativan as needed. The DRs on both medications of the ted by the seroquel. There is symptom tracking orders or cing symptoms that might of psychosis. The resident's describe the symptoms for as taking antipsychotic reveyor spoke with the ON) about the issue. The late 2 Behavior Monitoring in the except for documenting pam as medications the g. No targeted symptoms second sheet indicated ing and 16-c/o anxiety on did a 1-on-1 visit, rest in bed, the interventions were interventions were mber was able to report the the antipsychotic medication did.	F 7	medication medications in current reside 3. Monthly in average daily Quality Assurate department were ceiving payer identify any reduction of the compliant conducted be QAA department.	anagement review team heto review all resident monthly for effectiveness cant dose regimen. The resident record audits of 1 resident census by the ance and Assessment will be completed on resident requiring a Graduation (GDR). The record is the record of	of 0% ents	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 758	psychotic disorder, of medication or symptodelusion. The care procumented "I also the for which I also take The surveyor has be expression of symptowas taking an antips the physician's state psychiatric instability symptoms or symptoms or symptoms or symptoms or symptoms and that the care plan. The administrator and notified of the concernedications were not symptoms and that the documented in the commedication in treating 2. The facility staff fawhile Resident #31 with the following dia anemia, high blood parkinson's disease, disorder. On the sig (Minimum Data Set) Reference Date) of 2 coded as having a Benetal Status) score Resident #31 was all extensive assistance dressing and person	not document psychosis, or use of antipsychotic oms of psychosis or plan initiated 10/19/17 nave a history of psychosis medication". en unable to locate any oms for which the resident ychotic medication other than ment "increased risk of ". There were no target om abatement strategies in that psychotropic tordered to treat specific those symptoms were not linical record and routinely effectiveness of the graph to monitor behaviors was receiving psychotropic titted to the facility on 2/29/12 agnoses, but not limited to pressure, Dementia, depression and psychotic	F 75	8			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING				ATE SURVEY DMPLETED		
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F 758	surveyor noted that the following physic "Risperidone 0. mouth two times a war Zoloft 75 mg by depression. The surveyor performs a given Zoloft 75 mg by depression. The surveyor performs a given Zoloft on Resident #31 or review, the surveyor being given Zoloft on Resident wice a surveyor reviewed was understood (Medication Adminismonths of January was no documentar receiving these medical the above documents and the surveyor notification that conference requested and receive behavioral monitori "Behaviors Identification part"Resident symptoms will be performed to professional monitored by professional monitored by professional monitored by professional management and a given which was a surveyor notification of the surveyor n	Resident #31 was receiving sian ordered medications: 25 mg (milligram) 1 tablet by day for psychosis. It was a clinical record review 12/6 and 2/7/19. During this renoted that the resident was laily for depression and a day for psychosis. The the nurses' notes and MAR estration Record) for the and February 2019. There tion of behaviors while	F 7			
	surveyor prior to the3. The facility staff	on was provided to the exit conference on 2/7/19 failed to monitor behaviors was receiving psychotropic				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
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F 758		ge 30 Idmitted to the facility on Illowing diagnoses of, but not	F 7	58		
	limited to atrial fibril stroke, dementia ar MDS (Minimum Dat (Assessment Refer the resident as havi Mental Status) scor of 15. Resident #49 extensive assistant dressing and limited member for personal	lation, high blood pressure, and anxiety. On the admission, as Set) with an ARD ence Date) of 1/7/19 coded ng a BIMS (Brief Interview for e of 5 out of a possible score 9 was also coded as requiring e of 1 staff member for d assistance from 1 staff all hygiene. The resident was g totally dependent on 1 staff				
	physician's order th " Xanax 0.5 mg of two times a day for	(milligram) 1 tablet by mouth				
	Resident #49 on 2/s also reviewed the c Resident #49. For surveyor noted the ""Give me my " Monitor me for medication.	ved the clinical record for 5/19 and 2/6/19. The surveyor comprehensive care plan for Psychotropic drug use, the following interventions: medication as ordered. side effects from my changes in mood and/or				
	2/6/19 at 4:05 pm o findings. The surve the facility's policy o policy titled "Behavi	od the administrative team on find the above documented by or requested and received on behavioral monitoring. The ors Identification and in part"Residents with				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 758	assessed and monito Causative factors inflidentified. Managem behavioral interventio implemented and re" No further informatio surveyor prior to the 4. The facility staff fa was free of unnecess #15 was administere without identified targ monitoring for effects The clinical record of 2/5/19 through 2/7/19 admitted to the facilit included but not limit generalized muscle v reflux disease with ex deficient anemia, his surgery, chronic depr quadrant pain. Resident #15's quart (MDS) assessment v reference date (ARD resident with a BIMS status) as 15/15. The of delirium, psychosis others. Resident #15's Febru were reviewed. Resi received Remeron 7. time a day at bedtime	ral symptoms will be promptly bred by professional staff. uencing behavioral will be ent and appropriate ons will be care planned, evaluated as changes occur in was provided to the exit conference on 2/7/19. The same provided to the exit conference on 2/7/19. The same provided to the exit conference on 2/7/19. The same provided to the exit conference on 2/7/19. The same provided to ensure Resident #15 sary medications. Resident defects and straight of the same provided to ensure Resident #15 was reviewed to the same provided to ensure a same provided to nausea with vomiting, weakness, gastroesophageal sophagitis, hypokalemia, iron tory of kidney stones, left hip ression, and bilateral lower the same provided to th	F 758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 758	Continued From pa	ge 32	F 75	58		
	Citalopram 20 mg to for depression (star	ablet by mouth one time a day t date 4/14/18).				
	Resident #15 had re Celexa since 4/14/1	eceived both Remeron and 8.				
	"Concern and Strer have a history of de this." My preference med (medication) a s/e (side effects) frome for changes in reforward to visits from "Concern and Strer Watch me to make get any worse. 2. A ordered. 3. I would as possible."	ved the current e plan on 2/6/19. One geth dated 9/10/18" read, "I epression. I take medicine for e for care read "1. Give my s ordered. 2. Monitor me for om my medicine. 3. Monitor mood and or behavior. 4. I look m my daughter." A second geth dated 9/5/2018" read "1. sure my depression does not dminister my medications as like my family to visit as much centered care comprehensive entify targeted behaviors,				
	•	s for Citalopram (Celexa) or				
	(MDS) assessment at 11:33 a.m. Both plan and when the behaviors the Citalo	registered nurses on 2/7/19 reviewed the current care surveyor asked what opram and Remeron were staff agreed there were no identified.				
	#15. On the tool, co	ved the undated on monitoring tool for Resident rying out and c/o (complaints e circled under the behavioral However, there was no				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 758	on the tool. The "Recompleted for the quantity The 11/29/18 Social Assessment read "Fithe BIMS and mood 11/26/18. She score signs or symptoms of mood assessment, Resident #15 is predepression." The quantity The qu	aut or depression documented esident Progress Notes" warterly MDS were reviewed. Services Quarterly Resident #15 participated in assessment interviews on ed a 15/15 on the BIMS. No of delirium present. Per the she reported no symptoms. Scribed an antidepressant for warterly nutrition assessment "CBW (current body weight) flects a desired 2.7# weight w. No significant weight ess of appetite stimulant." Aut seen by geriatric psychiatry the read in part "Patient's the and nursing report pecific complaint. No SE (side sychotic symptoms. Stable. Doms)." Autical March 2018 and in acting "increased risk psychoms, the behavior monitoring umentation of crying out or DN (director of nursing) stated by exception-only document arc. Ewwed Resident #15 on 2/5/19 asked about mood, the	F 75	8			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
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F 758	The surveyor request psychotropic drug us. The surveyor review. "Psychotropic Drug laread in part "2. Reside psychotropic medical gradual dose reduction interventions, unless to discontinue use of medications." No further information exit conference on 2. 5. The facility staff fareas free of unnecess #12 was administered (Ativan) without moneffects and without to the facility 1/18/18 with diagnost limited to urinary traced dehydration, weakness weight loss, atrial fib depression, chronic to thrive, and osteop Resident #12's quart (MDS) with an assess of 11/9/18 assessed (brief interview for maresident had no signification in the surveyor in the surveyor interview for maresident had no signification.	cumentation to support both. Ited the facility policy on se. ed the facility policy titled Use" on 2/7/19. The policy Idents who receive Itions are required to receive Itions and behavioral I contraindicated, in an effort If the psychotropic In was provided prior to the I/7/19. Italied to ensure Resident #12 Isary medications. Resident Ited Citalopram and Lorazepam Iterioring for effects and side Interioring for effects a	F 75				

AND DUAN OF CORRECTION IDENTIFICATION NUMBER			(X3) DATE SURVEY COMPLETED		
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ruary 2019 physician orders 10 mg (milligrams) 1 tablet a day in the morning for the 11/8/18) and Lorazepam mouth one time a day at (start date 10/8/18). The doth Citalopram and ovember 2018. The following "My Concerns or 8/14/18. "I have a history ession. I take medicine for for care 1. Give me my red. 2. Monitor me for s/e my medications 3. Monitor me d and /or behaviors." A resion and anxiety. The sure my mood remains needs are met. 2. I want my ch as possible. 3. I want to a and participate in the ce. 4. Administer my red." The hensive care plan did not rered targeted behaviors, as for the use of Lorazepam ram. The formal of the following the concentration of the certain of the	F 75				
	IDENTIFICATION NUMBER:	A BUILDING 495406 B. WING	A BUILDING 495406 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060 PREFIX TAG PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULT CROSS-REFERENCED TO THE APPROP DEFICIENCY) F 758 F 7		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495406			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
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F 758	of both Lorazepam a surveyor reviewed the notes. The social set 11/12/18 read "Reside BIMS mood assessor Resident #12 scored could not recall two symptoms of deliriur assessment, Reside Resident #12 is presanti-anxiety medicat noted. No behaviors The surveyor review progress notes from 2/6/19 and found no of Celexa and Ativar included that 24-hou and weekly skin ass. The surveyor intervie (MDS) assessment at 11:33 a.m. Both or plan and when the subhaviors the Citalo targeting, the MDS stargeted behaviors in The surveyor review review from 11/14/11 surveyor was unable recommendations for Celexa or Ativan. The last two physicia 11/12/18 and 1/9/19 mood as follows: Definition of the surveyor review from 11/14/11 mood as follows: Definition of the surveyor was unable recommendations for Celexa or Ativan.	nentation to support the use and Citalopram (Celexa). The ne quarterly MDS progress ervices quarterly note dated dent #12 participated in the ment interview on 11/7/2018. If an 11/15 on the BIMS; she words. No signs or in present. Per the mood int #12 reported feeling tired. It is increased an antidepressant and ion with no adverse effects is noted." The determinant of the interdisciplinary in the progression of the use in the component of the use in the component in the compo	F 75	8			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 758	the lack of monitorir of Citalopram and A depression and anx The surveyor review	ed the administrative staff of ag/documentation for the use tivan to treat Resident #12's liety on 2/7/19 at 3:52 p.m. yed the facility policy titled Use" on 2/7/19. The policy	F 7	58			
	gradual dose reduct interventions, unless to discontinue use of medications."	osychotropic medications are required to receive gradual dose reductions and behavioral interventions, unless contraindicated, in an effort to discontinue use of the psychotropic medications."					
	was free of unneces #20 was administer	ailed to ensure Resident #20 sary medications. Resident ed Escitalopram, Remeron, nout proper indications for documentation of					
	2/5/19 through 2/7/1 admitted to the facil that included but no thrive, chronic depre agitation, atrial fibrill neck, vascular demo	of Resident #20 was reviewed 9. Resident #20 was ty 10/15/18 with diagnoses t limited to adult failure to ession, disruptive behavior, ation, fractured right femur entia with behavioral tension, and chronic diastolic					
	minimum data set (I	ificant change in assessment MDS) with an assessment O) of 12/3/18 assessed the					

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F 758	Continued From page	ge 38	F 7	58		
F 758	resident with a brief (BIMS) as 9/15. Re signs or symptoms, delirium, or psychosome Resident #20's Febrincluded "Escitaloprone time a day for of 12/11/18), Mirtazapi one time a day at be Lorazepam gel 1 mg Apply topically even psychosis/agitation/ The surveyor review comprehensive care Problem areas including-term goal to ha approaches to use with machine at night an roommate shares the safe. Also identified state that the reside depression, a diagon managed by daily mincluded watch me in does not get any word doctor to assess my as much as possible	interview for mental status sident #20 had no behavioral no signs or symptoms of sis. Tuary physician orders 2019 am 10 mg 1 tablet by mouth epression (start date ne 7.5 mg 1 tablet by mouth editime for poor appetite and g (milligram)/ml (milliliter) y 6 hours as needed for anxiety (start date 12/20/18)." Ived Resident #20's current e plan dated 12/3/18. ded one for mood state with live a peaceful sleep and were to turn on my white noise d assure me that my the room with me and that I am I as a problem area for mood	F 7	58		
	psychotropic drug u show a stable mood Approaches include ordered, monitor me	ad an area dated 12/5/18 for se with long-term goal to and socialize with others. d give me my medication as for side effects from my nitor me for changes in mood				

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F 758	Continued From page	ge 39	F 7	58		
	identify specific targ medications, long-te individualized appro	ved the undated				
	behavior/intervention monitoring sheet for Ativan, Lexapro and Remeron. The behavioral symptoms coded were crying out and yelling out. The most recent episode of behavior occurred 1/8/19 and the resident received Ativan gel 0.5 mg (milligrams). The behavioral symptom code read that the resident had 5 episodes of yelling out, crying out, and delusions (no documentation of what the delusions were). Intervention codes read that 1 -1 visits, a snack was given, and resident was in bed yet Resident #20 received Ativan as an intervention.					
	adjustments with he	dated 1/14/19 read "After er medications, symptoms roved. Her level of agitation is ."				
	(MDS) assessment at 11:33 a.m. Both plan and when the s behaviors the Citalo	iewed both minimum data set registered nurses on 2/7/19 reviewed the current care surveyor asked what opram and Ativan were staff agreed there were no identified.				
	the lack of monitoring Remeron, and Ativa	ned the administrative staff of ng for the use of Escitalopram, in to treat Resident #20's iety on 2/7/19 at 3:52 p.m.				
	The surveyor reviev	ved the facility policy titled				

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F 758	read in part "2. Respsychotropic medic gradual dose reductions, unless to discontinue use medications. No further informative exit conference on 7. The facility staff towas free of unnece #44 was administer Quetiapine (Seroquof the psychotropic effects and identified The clinical record 2/5/19 through 2/7/admitted to the faci included but not limurinary tract infection weight loss, cerebro coronary artery discontinuous and chronic obstruction. Resident #44's annuassessment with an (ARD) of 1/24/19 at BIMS (brief intervier Resident #44 was adelirium, behaviors Resident #44's Febrincluded orders for Resident #44's Resident #44	Use" on 2/7/19. The policy idents who receive ations are required to receive tions and behavioral as contraindicated, in an effort of the psychotropic	F 758				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495406 B. WING				02/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 1000 LITTON LANE BLACKSBURG, VA 24060	.		
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F 758	Continued From pagmouth one time a da	ge 41 ny at bedtime for depression	F 75	8			
	start date 1/7/2019 and Quetiapine (Seroquel) 25 mg (1/2 tablet) by mouth one time a day at bedtime for agitation d/t (due to psychosis) start date 4/13/2018. The surveyor reviewed the current comprehensive care plan for Resident #44 on 2/6/19. The person centered care plan identified a problem area for psychotropic drug use with long term goals of maintaining a stable mood and approaches to use "give me my medication as ordered, monitor me for side effects from my medication, and monitor me for changes in mood and/or behavior. A second care plan identified an issue with mood long term goal was to be comfortable and satisfied and approaches included watch me to make sure my mood does not get any worse, have my family to visit as much as possible, especially my daughter and great granddaughter, and I enjoy playing Bingo and going to wine/cheese social. Please continue to remind me as needed about these events and encourage me to go.						
	targeted behaviors, individualized appro- The undated behaviors sheets had the following circled-crying out an had documentation of 11/3/18 of behaviors occurred x1. Interve activity, which improyelling and screaming individual target and the strength of	•					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495406	B. WING			02/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KROO	ONTJE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060				
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F 758	no more interventions 11/3/18, yelling and s 1-1 intervention was The clinical record has the incident was on 1. The clinical record rewas admitted to the f was not administered medications. The Feregimen review also medications prescrib medication. Resident #44 was se 2/12/18 and prescrib (milligrams) every dafor pseudo dementia impairment. The March 2018 medicated the resident Seroquel, Lexapro, a resident refused to tawere discontinued. Seroquel, Lexapro, a resident #44 was se psychiatrist 11/19/18 "Patient's present tx or report reviewed. Corbeing dizzy. Very with Makes frequent and psychotic thoughts to	speak with family; however, is were attempted. On screaming occurred x2 and tried with positive outcome. and no documentation of what 11/3/18. Evealed when Resident #44 facility 1/18/18, the resident if any psychotropic arrows 2018 medication indicated no high-risk and to include psychotropic indicated no high-risk and to include psychotropic indicated no high-risk and Aricept 5mg every day with vascular cognitive in the deep prescribed and Aricept; however, the alke and the medications in Seroquel was restarted in was requested in August 2018 and the GDR. The py the geriatric and the consult read (treatment) and nursing intinues to c/o (complain of) thdrawn. Keeps room dark, negative remarks. No oday (on Seroquel)."	F 7	758			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, , ,	IPLE CONSTRUCTION	` ,	(X3) DATE SURVEY COMPLETED	
		495406	B. WING _	B. WING		2/07/2019
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER	•	STREET ADDRESS, CITY, STATE, ZIP 1000 LITTON LANE BLACKSBURG, VA 24060	•	
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F 758	interviews on 10/22/ the BIMS. No signs present. Per the me little interest in doing Resident #44 is pres psychosis. She has skin assessments to The surveyor intervie (MDS) assessment at 11:33 a.m. Both r plan and when the s behaviors the Escita Seroquel were targe there were no target The surveyor inform the absence of targe desired outcomes for effects/side effects w Diazepam, and Sero 2/7/19 at 3:52 p.m. The surveyor review "Psychotropic Drug read in part "2. Resi psychotropic medica gradual dose reduct interventions, unless to discontinue use o medications. No further information	part "Resident #44 IMS and mood assessment 18. She scored a 15/15 on or symptoms of delirium ood assessment she reported of things and feeling down. scribed an antipsychotic for rejected care by not allowing o be completed. ewed both minimum data set registered nurses on 2/7/19 reviewed the current care urveyor asked what llopram, Diazepam, and sting, the MDS staff agreed oed behaviors identified. eed the administrative staff of eted behaviors, goals and or and the monitoring of with the use of Escitalopram, oquel to treat Resident #44 on red the facility policy titled Use" on 2/7/19. The policy dents who receive ations are required to receive ions and behavioral is contraindicated, in an effort on was provided prior to the	F 7	758		
F 777 SS=D	exit conference on 2 Radiology/Diag Srvc CFR(s): 483.50(b)(2	s Ordered/Notify Results	F 7	777		3/15/19

NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIET JE KROONT JE HEALTH CARE CENTER D(X) 10 (SUMMARY STATEMENT OF DEFICIENCIES (PRECEDED BY PULL TAG) REGULATORY OR I.S.C IDENTIFYING INFORMATION) F 777 Continued From page 44 F 777 F 777 Continued From page 44 F 777 Continued From page 44 F 777 F 777 F 777 F 777 Continued From page 44 F 777 F 777	AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED	
THE WYBE AND MARIET JE KROONT JE HEALTH CARE CENTER MARIE DAY			495406	B. WING		02/07/2019
FREETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 777 Continued From page 44 \$483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physicians assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physicians orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to obtain the physician ordered x-ray for 1 of sixteen residents (Resident #20). The findings included: The facility staff failed to obtain a chest x-ray with 2 views as ordered by the physician for Resident #20 and failed to inform the physician that a single view was obtained instead of the 2 view as ordered. The clinical record of Resident #20 was admitted to the facility 10/15/18 with diagnoses that included but not limited to adult failure to thrive, chronic depression, disruptive behavior,			OONTJE HEALTH CARE CENTER		1000 LITTON LANE	,
\$483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to obtain the physician ordered x-ray for 1 of sixteen residents (Resident #20). The findings included: The facility staff failed to obtain a chest x-ray with 2 views as ordered by the physician for Resident #20 and failed to inform the physician that a single view was obtained instead of the 2 view as ordered. The clinical record of Resident #20 was reviewed 2/5/19 through 2/7/19. Resident #20 was admitted to the facility 10/15/18 with diagnoses that included but not limited to adult failure to thrive, chronic depression, disruptive behavior,	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETION
neck, vascular dementia with behavioral disturbances, hypertension, and chronic diastolic heart failure. Resident #20's significant change in assessment for a period of six months and then re-evaluate as needed.	F 777	§483.50(b)(2) The (i) Provide or obtain diagnostic services physician; physician or clinical nurse sp. State law, including (ii) Promptly notify physician assistant nurse specialist of clinical reference of facility policies and practitioner or per of this REQUIREME by: Based on staff intereview, the facility physician ordered (Resident #20). The findings included the facility staff faired 2 views as ordered #20 and failed to insingle view was obtained or the clinical record 2/5/19 through 2/7 admitted to the fact that included but not thrive, chronic depagitation, atrial fibroneck, vascular dendisturbances, hyper heart failure.	facility must- n radiology and other s only when ordered by a n assistant; nurse practitioner ecialist in accordance with g scope of practice laws. the ordering physician, t, nurse practitioner, or clinical results that fall outside of langes in accordance with procedures for notification of a the ordering physician's orders. NT is not met as evidenced erview and clinical record staff failed to obtain the ex-ray for 1 of sixteen residents red: led to obtain a chest x-ray with l by the physician for Resident form the physician that a trained instead of the 2 view as of Resident #20 was reviewed fully Resident #20 was fility 10/15/18 with diagnoses of limited to adult failure to ression, disruptive behavior, fillation, fractured right femur mentia with behavioral ertension, and chronic diastolic	F 77	 Documentation for this infraction cannot be corrected for this resident as it occurred in the past. The Radiol company has been notified of this discrepancy. Facility nursing staff will verify resreceived in relation to diagnostic orde written. After each Radiology test is performed, the technician will be requited communicate with nursing about specific test performed and sign accordingly attesting the correct test been completed. Audits will be conducted monthly the Quality Assessment and Assurant department on 10% of resident population. Compliance will be monitored by for a period of six months and then 	#20 ogy sults rs ired has y by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
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F 777	reference date (ARD resident with a brief i (BIMS) as 9/15. Resigns or symptoms, redelirium, or psychosis. A telephone order dax-ray 2 view for gen (am not feeling well pesounds, low level 90-saturation)." The surveyor reviewex-ray obtained 10/26/X-ray 1V (view): Che AP chest reveal card size. Bibasilar infiltrateffusions present. In development of bibas pleural effusion since The surveyor informed the above finding on The director of nursing surveyor with docume company on 2/7/19 at the x-ray technician (view of the chest due note read, "Hi DON, perform the lateral view on Oct 26, 2018. Who note our tech made repatient unresponsive	DS) with an assessment of 12/3/18 assessed the interview for mental status ident #20 had no behavioral to signs or symptoms of stated 10/26/18 read "C (chest) (generalized) weakness. I ger resident (diminished lung 91 % sats (oxygen) Bet the results of the chest (18. The results read "Chest est AP (anterior/posterior): it is ac silhouette is normal in the with small bilateral (APRESSION: Interval silar infiltrates and small et 2-09-2018." Bet the administrative staff of 2/6/19 at 4:05 p.m. Beg (DON) provided the gentation from the x-ray to the sunable to do a 2 to unresponsiveness. The Our tech was unable to do a 2 to unresponsiveness. The Our tech was unable to do at follows is the internal gegarding this patient: to held for view."	F 777			
	progress notes for 10	ed the interdisciplinary 1/26/18 were reviewed. The I "N.O. (new order) C x-ray				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		495406	B. WING		02/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KROC	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
F 777 F 842 SS=E	written. MD (medical doctor) and responsible party aware. 10:15 Late entry for 0700. BP (blood pressure) 148/90, T (temperature) 97.8, R (respirations) 22, P (pulse) 69, O2 (oxygen) sats (saturations) 90. Resident appears lethargic but easily awakens. Able to answer with a yes and no. Then goes back to sleep again. Breathing even and unlabored. Lung sounds diminished throughout all fields. Resident stated, "I am not feeling well." No SOB (shortness of breath) /distress noted. For breakfast, resident was moderate assist. C.N.A. (certified nursing assistant) and resident takes turn to put the fork with food in her mouth. No coughing noted on every bite at this time." The director of nursing was asked if the physician should be informed of the inability to obtain the 2-view chest x-ray since the order was current. The DON stated "Yes." No further information was provided prior to the exit conference on 2/7/19. Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)		F 77		3/28/19	
	(i) A facility may not resident-identifiable to (ii) The facility may re- resident-identifiable to accordance with a co- agrees not to use or o	elease information that is on an agent only in ntract under which the agent disclose the information he facility itself is permitted				
	§483.70(i)(1) In accor					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060	·	
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F 842	must maintain medicithat are- (i) Complete; (ii) Accurately docum (iii) Readily accessib (iv) Systematically of §483.70(i)(2) The fact all information contained regardless of the formetords, except when (i) To the individual, representative where (ii) Required by Law, (iii) For treatment, participations, as permin with 45 CFR 164.500 (iv) For public health neglect, or domestic activities, judicial and law enforcement pur purposes, research purpos	ds and practices, the facility all records on each resident sented; le; and aganized solility must keep confidential ned in the resident's records, and or storage method of the norelease isport their resident expermitted by applicable law; and administrative proceedings, poses, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted exwith 45 CFR 164.512. Callity must safeguard medical gainst loss, destruction, or the date of discharge when the entire that the safety are resident reaches.	F 84			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495406	B. WING			02/07/2019
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE WYB	E AND MARIETJE KROO	ONTJE HEALTH CARE CENTER		1000 LITTON LANE		
	27412 11174141210214100			BLACKSBURG, VA 24060		
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F 842	Continued From page	e 48	F 8	42		
	(i) Sufficient informati (ii) A record of the res (iii) The comprehensi provided; (iv) The results of any and resident review of determinations condu (v) Physician's, nurse professional's progre (vi) Laboratory, radio services reports as re This REQUIREMENT by: The facility staff faile and accurate clinical in the survey sample 12, 20, and 44). The findings included 1. For Resident #35, that psychotropic and were ordered only to for which the resident antianxiety, antidepre medications. Resident #35 was ad 10/17/16 with diagnor dementia, and anxiet admission minimum or resident scored 15/18 mental status and wa symptoms of delirium symptoms. On the mi	acted by the State; also and other licensed as notes; and logy and other diagnostic equired under §483.50. This not met as evidenced and to maintain a complete arecord for 7 of 16 residents (Residents #35, 31, 49, 15, and antipsychotic medications address specific symptoms address specific symptoms and antipsychotic antited to the facility on assessed, and antipsychotic antited to the facility on assessed as without an assessed as without an apsychosis, or behavior		1. Resident #35 has been place gradual dose reduction for Traza a target behavioral symptoms trace form has been initiated. The resplan has been updated to reflect individualized needs and approak Resident #31 now has a target be symptoms tracking form implemed Resident #49 cannot be changed happened in the past and reside been discharged from the facility Resident #15, 12, and 44 now hat target behavioral symptoms trace to document any resident behave the care plans have been update reflect individualized needs and approaches. Resident #20 has the following medications discontinues tracking form has been implemed residents care plans has been updated the following medications discontinues care plans has been updated the following medications discontinues tracking form has been implemed residents care plans has been up reflect individualized needs and	done and acking ident care ches. ehavioral ented. d as it nt has ave a king form iors and ed to the ed bine 7.5 ms nted, and	

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F 842	on the brief interview assessed as without psychosis, or behaviresident scored 6/27 interview. During an interview reported the only congetting enough of the Clinical record review resident was readmin orders included Buss for anxiety and series admission and physician declined Gue to history of symmotory surveyor was unable symptoms being treat were no behavior or nurse's notes refered be considered signs nurse was unable to which the resident was medications. The substitution of the surveyor was blattazodone and lorazinesident was receiving were indicated. The monitoring for 14-yer form indicated the resident was received and ativan and that the effective. No staff medicated.	or for mental status and was symptoms of delirium, fors affecting care. The fon the resident mood on 2/5/19, the resident mocern with care was not be food, which was bad. If you on 2/7/19 revealed the steed 10/17/18. Medication par 5 mg three times per day ativan as needed. The subject of the symptom instability. The set to locate documentation of ated by the seroquel. There symptom tracking orders or moing symptoms that might of psychosis. The resident's describe the symptoms for as taking antipsychotic surveyor spoke with the DON) about the issue. The state 2 Behavior Monitoring ank except for documenting spam as medications the mg. No targeted symptoms second sheet indicated alling and 16-c/o anxiety. The stident c/o anxiety on and a 1-on-1 visit, rest in bed, the interventions were sember was able to report the the antipsychotic medication	F 842	2. All residents have received a tabehavioral symptoms tracking form medication management review teal been created to review all resident medications monthly for effectivene current resident dose regimen. 3. Monthly resident record audits average census by the Quality Assuand Assessment department will be completed on residents receiving psychotropic medications to identify resident requiring a Gradual Dose Reduction (GDR). Staff education of behaviors and the use of non-pharmacologic interventions ducompetency training and as needed 4. Compliance to be monitored by Medication Management Review Tesix months and re-evaluate as needed.	A A mm has ss of of 10% urance will tation uring l.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 842	through 10/19/17 dipsychotic disorder, medication or symp delusion. The care documented "I also for which I also take The surveyor has be expression of symp was taking an antipit the physician's state psychiatric instabilit symptoms or sympt the care plan. Physician progress history "continues to and anxiety". No sy documented in the rebeavior monitoring reported anxiety wan ursing notes or belancified of the conceducumented in the committed to ensure medication in treatir 2. The facility staff accurate clinical recommitted in the committed in the committed in the committed in the committed to ensure medication in treatir 2. The facility staff accurate clinical recommitted in the committed in	e Care plan for 1/24/16 d not document psychosis, or use of antipsychotic toms of psychosis or plan initiated 10/19/17 have a history of psychosis e medication". een unable to locate any toms for which the resident sychotic medication other than ement "increased risk of y". There were no target om abatement strategies in onte on 9/26/18 listed under on have intermittent paranoia emptoms of paranoia were resident's nursing notes or sheets. Only one instance of so listed in the resident's navior monitoring sheet. Indidirector of nursing were that symptoms were not clinical record and routinely effectiveness of the fig those symptoms. Failed to have a complete and ford in regards to having no iors while Resident #31 was	F 84				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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F 842	coded as having a E Mental Status) score Resident #31 was a extensive assistance dressing and persor dependent on 1 stafe During the clinical re surveyor noted that the following physici "Risperidone 0.2 mouth two times a de "Zoloft 75 mg by depression. The surveyor perfor on Resident #31 on	2/29/12, the resident was BIMS (Brief Interview for e of 15 out of a possible 15. Iso coded as requiring e of 1 staff member for hal hygiene and being totally ff member for bathing. 2/2/29/12, the resident was BIMS (Brief Interview on 2/6/19, the Resident #31 was receiving an ordered medications: 25 mg (milligram) 1 tablet by lay for psychosis. 2/2/29/12, the resident was receiving an ordered medications: 25 mg (milligram) 1 tablet by lay for psychosis. 2/3/29/12, the resident was requiring the remainder of	F 8	42		
	being given Zoloft de Risperidone twice a surveyor reviewed the (Medication Administration of January a was no documentation receiving these medications and the surveyor notifies the above document pm in the conference requested and received behavioral monitoring "Behaviors Identification part" Residents symptoms will be promonitored by profess factors influencing to Management and appropries of the surveyor review of the survey	d the administrative team of ted findings on 2/6/19 at 4:05 e room. The surveyor ved the facility's policy on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	OONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, 1000 LITTON LANE BLACKSBURG, VA 24060	•	2/01/2010	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 842	No further informat surveyor prior to the surveyor prior to the 3. The facility staff accurate clinical remonitoring of behareceiving psychotron Resident #49 was 12/31/18 with the flimited to atrial fibristroke, dementia a MDS (Minimum Da (Assessment Refe the resident as have Mental Status) soo of 15. Resident #4 extensive assistant dressing and limited member for personalso coded as bein member for bathing On 2/6/19, the surveyor sorder the "Xanax 0.5 mg two times a day for "Seroquel 25 m" The surveyor revier Resident #49 on 2 also reviewed the Resident #49. For surveyor noted the ""Give me my "Monitor me for medication.	ion was provided to the e exit conference on 2/7/19 If failed to a complete and cord in regards to having no viors while Resident #49 was opic medications. admitted to the facility on ollowing diagnoses of, but not llation, high blood pressure, and anxiety. On the admission, ata Set) with an ARD rence Date) of 1/7/19 coded ving a BIMS (Brief Interview for are of 5 out of a possible score by was also coded as requiring ce of 1 staff member for d assistance from 1 staff all hygiene. The resident was g totally dependent on 1 staff g. veyor noted the following nat included: (milligram) 1 tablet by mouth	F	342			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495406	B. WING	 	02/07/2019
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 842	Continued From pag	ge 53	F 84	12	
	2/6/19 at 4:05 pm of findings. The surver the facility's policy or policy titled "Behavior Interventions" read if problematic behavior assessed and monit Causative factors in identified. Manager behavioral interventions	d the administrative team on the above documented yor requested and received in behavioral monitoring. The ors Identification and in part"Residents with ral symptoms will be promptly ored by professional staff. fluencing behavioral will be ment and appropriate ons will be care planned, evaluated as changes occur			
	surveyor prior to the 4. The facility staff f symptoms for which administered Remer	on and Celexa. There was monitoring of a resident on			
	2/5/19 through 2/7/1 admitted to the facili included but not limi generalized muscle reflux disease with e deficient anemia, his	f Resident #15 was reviewed 9. Resident #15 was ty 9/13/17 with diagnoses that ted to nausea with vomiting, weakness, gastroesophageal esophagitis, hypokalemia, iron story of kidney stones, left hip pression, and bilateral lower			
	(MDS) assessment reference date (ARE resident with a BIMS status) as 15/15. The	terly minimum data set with an assessment 0) of 11/27/18 assessed the 6 (brief interview for mental here were no assessed signs is, or behaviors that affected			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495406	B. WING	 	,	2/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KI	ROONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP C 1000 LITTON LANE BLACKSBURG, VA 24060	•		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	were reviewed. For received Remeron time a day at beding appetite/weight lought Citalopram 20 mg for depression (st. Resident #15 had Celexa since 4/14. The surveyor revincement of the surveyor and Straward to visits for "Concern	ebruary 2019 physician orders Resident #15 had orders and n 7.5 mg (milligrams) tablet one time for decreased ss (start date 4/14/18) and 1 tablet by mouth one time a day art date 4/14/18). received both Remeron and 6/18.	F 84	12			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495406	B. WING			02/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KROO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZII 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	targeted behaviors id The surveyor reviews behavior/intervention #15. On the tool, cry of) depression were a symptoms codes. He evidence of crying ou on the tool. The surveyor interview at 2:56 p.m. When a resident stated, "I am The surveyor information and the eluse of Citalopram an #15 on 2/7/19 at 3:52 stated the facility only exception. The surveyor behavior do The facility policy title and Intervention" was policy on behavior was policy read in part "A behaviors will be doo to) nursing notes, be social service progre underlying cause of the develop effective mathematical states of the facility staff facility	entified. ed the undated monitoring tool for Resident ing out and c/o (complaints circled under the behavioral owever, there was no at or depression documented reyor reviewed the January interdisciplinary progress locumented behaviors. wed Resident #15 on 2/5/19 sked about mood, the always happy." ed the administrative staff of ation of the behavior fects/side effects with the diffects/side effects with the diffects/side effects with the diffects p.m. The director of nursing and documented behavior by every requested the facility ocumentation. ed "Behavior Identification is reviewed 2/7/19. The issessment of identified umented in (but not limited thavior tracking forms and iss notes to help clarify the he behavior and help in agement interventions." In was provided prior to the 7/19.	F	342			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495406 B. WING				2/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	OONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	There was no ongoing resident administers antianxiety. The clinical record of 2/5/19 through 2/7/1 admitted to the facil 1/18/18 with diagnool limited to urinary tradehydration, weaknowinght loss, atrial fit depression, chronic to thrive, and osteophological control of the facility of	Resident #12's behaviors. Ing behavior monitoring of a set an antidepressant and an antidepressant included but not antidepressant included but not an antidepressant included but not antidepressant included but n	F 84	2			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495406	B. WING _	B. WING		02/	07/2019
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER	,	1000	EET ADDRESS, CITY, STATE, ZIP CODE D LITTON LANE ACKSBURG, VA 24060	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE.	(X5) COMPLETION DATE
F 842	for changes in mood second "I Care Plan diagnosis of depress Occasionally I have Observe me to make stable and my daily family to visit as mus socialize with others activities of my choic medications as order The current comprel identify person center goals, and outcomes (Ativan) and Citalop The undated behavit tools were circled for (complains of) anxiet codes. The behavious sheet did not have a Resident #12 having There was no docur of both Lorazepam as surveyor reviewed the notes. The social set 11/12/18 read "Resident BIMS mood assessing of the social set 11/12/18 read "Resident BIMS mood assessing of the social set 11/12/18 read "Resident BIMS mood assessing of the mood second set 11/12/18 read "Resident BIMS mood assessing of the mood second	and /or behaviors." A dated 8/9/18 read "I have a sion and anxiety. trouble concentrating. 1. e sure my mood remains needs are met. 2. I want my ch as possible. 3. I want to and participate in the e.e. 4. Administer my red." nensive care plan did not ered targeted behaviors, a for the use of Lorazepam ram. or/intervention monitoring or crying out and c/o ty as behavior symptoms or/intervention monitoring only documentation of or crying out or c/o anxiety. nentation to support the use and Citalopram (Celexa). The ne quarterly MDS progress ervices quarterly note dated dent #12 participated in the ment interview on 11/7/2018.	F	342			
	could not recall two symptoms of deliriur assessment, Reside Resident #12 is pres anti-anxiety medicat noted. No behaviors The surveyor review progress notes from	n present. Per the mood int #12 reported feeling tired. cribed an antidepressant and ion with no adverse effects					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495406	B. WING		0	2/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KR	OONTJE HEALTH CARE CENTER	•	STREET ADDRESS, CITY, STATE, ZI 1000 LITTON LANE BLACKSBURG, VA 24060	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 842	included that 24-ho and weekly skin as The surveyor interv (MDS) assessment at 11:33 a.m. Both plan and when the behaviors the Cital targeting, the MDS targeted behaviors The surveyor informate lack of monitorion of Citalopram and and the director of nurse documents behavior. The facility policy the director of nurse director of nurse documents behavior will be director of nurse documents will be director of nurse documents will be director of nursing notes, because of the director of nurse documents will be director of nursing notes, because of the director of nurse documents will be director of nurse documents will be director of nurse documents of the director of the dire	an. Documentation identified our chart checks were done sessments were completed. Viewed both minimum data set to registered nurses on 2/7/19 reviewed the current care surveyor asked what opram and Ativan were staff agreed there were no identified. Indeed the administrative staff of rig/documentation for the use Ativan to treat Resident #12's exiety on 2/7/19 at 3:52 p.m. sing stated the facility ors by exception. Itted "Behavior Identification was reviewed 2/7/19. The dehavior tracking forms and ress notes to help clarify the fine behavior and help management interventions." In was provided prior to the 2/7/19. If ailed to document the high Resident #20 was alopram, Remeron, and was no ongoing behavior sumentation of behaviors for a two antidepressants and an area.	F	342			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495406	B. WING _			02/07/2019	
	ROVIDER OR SUPPLIER E AND MARIETJE KRO	ONTJE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1000 LITTON LANE BLACKSBURG, VA 24060	•		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	2/5/19 through 2/7/1	f Resident #20 was reviewed 9. Resident #20 was	F 8	342			
	that included but no thrive, chronic depre agitation, atrial fibrill neck, vascular deme	ty 10/15/18 with diagnoses t limited to adult failure to ession, disruptive behavior, ation, fractured right femur entia with behavioral tension, and chronic diastolic					
	minimum data set (N reference date (ARI resident with a brief (BIMS) as 9/15. Re	ficant change in assessment MDS) with an assessment D) of 12/3/18 assessed the interview for mental status sident #20 had no behavioral no signs or symptoms of is.					
	included "Escitaloprone time a day for da 12/11/18), Mirtazapi one time a day at be Lorazepam gel 1 mg Apply topically every	ruary physician orders 2019 am 10 mg 1 tablet by mouth epression (start date ne 7.5 mg 1 tablet by mouth edtime for poor appetite and g (milligram)/ml (milliliter) y 6 hours as needed for anxiety (start date 12/20/18)."					
	comprehensive care Problem areas inclu long-term goal to ha approaches to use v machine at night and roommate shares th safe. Also identified state that the reside depression, a diagnomanaged by daily m	red Resident #20's current plan dated 12/3/18. ded one for mood state with ve a peaceful sleep and vere to turn on my white noise d assure me that my e room with me and that I am as a problem area for mood in thad symptoms of posis of anxiety which is ledication. Approaches o make sure my depression					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		K2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060		1 02/07/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	Continued From pa	ge 60	F 842	2			
	doctor to assess my as much as possibl as ordered, and prosupport as needed. Resident #20 also he psychotropic drug ushow a stable mood Approaches include ordered, monitor medication, and modand/or behavior. The current compresidentify specific targets	nad an area dated 12/5/18 for use with long-term goal to did and socialize with others. It is give me my medication as the for side effects from my enitor me for changes in mood whensive care plan did not use the determination of the erm measurable goals or					
	Lexapro and Reme symptoms coded w The most recent ep 1/8/19 and the reside mg (milligrams). The read that the reside out, crying out, and of what the delusion read that 1 - 1 visits resident was in bed Ativan as an interve (MDS) assessment at 11:33 a.m. Both plan and when the behaviors the Citalogae.	on monitoring sheet for Ativan, ron. The behavioral ere crying out and yelling out. isode of behavior occurred dent received Ativan gel 0.5 ne behavioral symptom code nt had 5 episodes of yelling delusions (no documentation as were). Intervention codes a snack was given, and yet Resident #20 received					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495406	B. WING		0:	2/07/2019	
NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			1 02/01/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	the lack of documer monitoring and the use of Escitalopram Resident #20 on 2/3 of nursing stated the behavior by excepti the facility policy on The facility policy fit and Intervention" with policy read in part "behaviors will be doto) nursing notes, be social service progrunderlying cause of develop effective mandle with the conference on 2/3. The facility staff from the symptoms for which administered Valium Quetiapine (Seroqui behavior monitoring	identified. ned the administrative staff of natation of the behavior effects/side effects with the at Ativan and Remeron to treat 7/19 at 3:52 p.m. The director efacility only documented on. The surveyor requested behavior documentation. Iled "Behavior Identification as reviewed 2/7/19. The Assessment of identified ocumented in (but not limited ehavior tracking forms and ess notes to help clarify the the behavior and help anagement interventions." In was provided prior to the 2/7/19. In Resident #44 was an estimate the resident #44 was an estimate the resident on an entipsychotic and an estimate the staff of the staff	F 84				
	2/5/19 through 2/7/ admitted to the facil included but not lim urinary tract infectio weight loss, cerebro coronary artery dise	of Resident #44 was reviewed 19. Resident #44 was ity 1/18/18 with diagnoses that ited to diabetes mellitus, in, constipation, abnormal ovascular accident (CVA), ease (CAD), atrial fibrillation, to esophageal reflux disease,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495406	B. WING _			02/	07/2019	
NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER				10	TREET ADDRESS, CITY, STATE, ZIP CODE 100 LITTON LANE LACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 842	Resident #44's annuassessment with an (ARD) of 1/24/19 ass BIMS (brief interview Resident #44 was widelirium, behaviors a Resident #44's Februincluded orders for Vablet by mouth one date 12/3/2018, Escimouth one time a dastart date 1/7/2019 amg (1/2 tablet) by mobedtime for agitation date 4/13/2018. The surveyor review comprehensive care 2/6/19. The person of a problem area for polong term goals of mapproaches to use "gordered, monitor memedication, and morand/or behavior. As issue with mood long comfortable and satisfincluded watch meteon to get any worse, how much as possible, es great granddaughter and going to wine/ch	al minimum data set (MDS) assessment reference date sessed the resident with a for mental status) as 13/15. thout signs or symptoms of affecting others or psychosis. The property 2019 physician orders falium 2 mg (milligrams) 1 time a day for vertigo start talopram 5 mg 1 tablet by a state and Quetiapine (Seroquel) 25 buth one time a day at d/t (due to psychosis) start and the current plan for Resident #44 on centered care plan identified sychotropic drug use with an analysis and give me my medication as for side effects from my alter me for changes in mood second care plan identified and term goal was to be safed and approaches on make sure my mood does ave my family to visit as specially my daughter and and I enjoy playing Bingo eese social. Please continue ded about these events and	F	842				

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		495406	B. WING	 		2/07/2019	
NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 1000 LITTON LANE BLACKSBURG, VA 24060		1 02/07/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	Continued From page 63 Resident #44 did not have person centered targeted behaviors, measurable goals or individualized approaches to care. The undated behavior/intervention monitoring sheets had the following behavioral symptoms circled-crying out and yelling out. Resident #44 had documentation on 5/26/18, 9/28/18, and 11/3/18 of behaviors. On 5/26/18, yelling occurred x1. Intervention included 1-1 and activity, which improved outcome. On 7/28/18, yelling and screaming (screaming not circled as a behavioral symptom) occurred x1 but did not improve with 1-1 and speak with family; however,		F 84	12			
	11/3/18, yelling and 1-1 intervention was The clinical record the incident was on The surveyor interv (MDS) assessment at 11:33 a.m. Both plan and when the behaviors the Escit Seroquel were targ	ns were attempted. On screaming occurred x2 and stried with positive outcome. and no documentation of what 11/3/18. iewed both minimum data set registered nurses on 2/7/19 reviewed the current care surveyor asked what alopram, Diazepam, and eting, the MDS staff agreed sted behaviors identified.					
	the lack of ongoing documentation and effects/side effects Diazepam, and Ser 2/7/19 at 3:52 p.m. The facility policy til and Intervention" w policy read in part "	ned the administrative staff of behavior monitoring no documentation of with the use of Escitalopram, oquel to treat Resident #44 on eled "Behavior Identification as reviewed 2/7/19. The Assessment of identified ocumented in (but not limited					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 842	social service progres underlying cause of the develop effective man	navior tracking forms and ss notes to help clarify the ne behavior and help nagement interventions."	F 84.	2		
F 867 SS=F	exit conference on 2/ QAPI/QAA Improvem CFR(s): 483.75(g)(2)	ent Activities	F 86	7	3/28/19	
	§483.75(g)(2) The quassurance committee (ii) Develop and impleaction to correct ident This REQUIREMENT by: Based on observation interview, clinical recorreview, and review of facility staff failed to appropriate plans of a quality deficiencies in care planning and un (monitoring use of psemedications). The facility's QA (Quacorrect two deficiencic certification survey controlled the resident cited extends to all psycholadditional residents in found general lack of	ality assessment and must: ement appropriate plans of tified quality deficiencies; is not met as evidenced In, staff interview, resident ord review, facility document the prior survey report, develop and implement action to correct identified the area of comprehensive necessary medication ychotropic medication ality Assurance) plan failed to be cited during the annual anducted 10/24/2017 be problem cited still existed in the prior survey and tropic medications and for 6 in the sample. Surveyors documentation of iors either in the nursing		1. Resident #35 has been reviewed the Physician and a gradual dose reduction has been initiated for Trazadone, and other medications will adjusted as needed. 2. All residents have received a targe behavioral symptoms tracking form. It medication management review teams been created to review all resident medications monthly for effectiveness current resident dose regimen. 3. Based on information received dust medication management review, recommendations will be submitted to Medical Director/Nurse Practitioner for consideration and/or implementation. 4. All findings and/or recommendation will be submitted to Quality Assessmental Assurance department for compliance this will be an ongoing	I be get A has of uring r	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495406	B. WING		0:	2/07/2019	
NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			02/07/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 867	identified a pattern wideficient practice in a care planning related medications and a pharm level deficient monitoring target be psychotropic medicareport from the prior facility had been cited care planning at a lest practice with potentiaresidents affected by practice is in the san #6 in the original sur affected by the deficient practice is in the facility had been monitoring target be psychotropic medicaincidents of deficient harm). The resident deficient practice is in Resident #6 in the out to be affected by the found this deficient presidents in the currescope to a pattern. Review of the prior practice is in the currescope to a pattern. Review of the prior practice is in the currescope to a pattern.	Ithe survey, surveyors with a potential for harm level the area of comprehensive d to the use of psychotropic attern with a potential for practice in the area of haviors in the use of tions. Review of the survey survey revealed that the d for deficient practice in vel E (pattern of deficient al for harm). One of the v the original deficient inple (Resident #35; Resident vey) and continues to be ient practice. Review of the ne prior survey revealed that cited for deficient practice in haviors in the use of tions at a level D (isolated repractice with potential for affected by the original in the sample (Resident #35; riginal survey) and continues deficient practice. Surveyors oractice affected 6 additional ent survey sample, increasing olan of correction revealed the at the deficient practices in conitoring targeted behaviors and for the resident (Resident vey) and that no plan would sure that residents receiving utions would have care plans argeted behavior monitoring	F 8	practice for this facility. 5. Compliance to be mon submitted beginning April 2 department.	-		

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		495406	B. WING _			02/07/2019	
NAME OF PROVIDER OR SUPPLIER THE WYBE AND MARIETJE KROONTJE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LITTON LANE BLACKSBURG, VA 24060			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 867	notified during a sum	d director of nursing were mary meeting on 2/7/19 of lity Assurance program to	F8	67			